

USAID/Liberia

ANNUAL REPORT FY 2003

3/13/2003

Please Note:

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A. Program Level Narrative

Program Performance Summary:

A. CHALLENGES: Liberia returned to conflict in July 2000 after a devastating period of civil war from 1989 to 1996 that cost an estimated 200,000 lives. Since mid-2000, tens of thousands of additional combat-related fatalities have occurred. In addition the humanitarian consequences have been severe. According to the UN High Commissioner for Refugees (UNHCR) there are about 158,000 refugees from the Liberian war and about 130,000 internally displaced persons (IDPs) within Liberia, living in camps. The number of actually displaced may be two or three times the number in camps. The present Liberian conflict re-erupted in mid-2000 following cross-border incursions by the insurgent group Liberians United for Reconciliation and Democracy (LURD). The LURD consists of various militias that oppose President Charles Taylor and are driven as much by economic depredation than by any clearly defined political agenda. Currently, there is an oscillating stalemate on the ground, with the rebels occasionally advancing toward Monrovia while at other times GOL forces push the insurgents into the hinterland and into refuges in Guinea and Sierra Leone.

Liberia is widely seen as one of Africa's preeminent "failed states" in which the central government has ceased to provide essential security and services. In the vacuum of state authority territory is ceded to contending militia groups that operate lawlessly and with impunity for crimes against civilians. The Liberia civil war is complexly interwoven with violence in neighboring Sierra Leone, Guinea and Cote d'Ivoire. Much of the blame lies with the Charles Taylor-led government, which has been in power, since winning the presidential election in 1996. President Charles Taylor is the major force in Liberian politics and his policies present major obstacles to internal and regional stability and the development of a democratic Liberia. The Government of Liberia, under Taylor has done little to improve the lives of the Liberian people.

Liberia is among the poorest countries on earth, with 80 percent of the countries approximately Three million people living in poverty. Severe unemployment is the norm. Corruption is widespread. The capital is without functioning electricity, water and sewerage systems. All basic human needs are supplied through the donor community or through church groups. Most of the formal economy is controlled by Taylor or his close supporters. The current Government's policies on human rights and fostering regional insecurity have prevented the international community from providing the support that Liberia desperately needs to adequately address the growing humanitarian crisis and to overcome its serious development problems.

The health status of the Liberian people is characterized by comparatively low life expectancy at birth and very high infant, child and maternal mortality rates. There is a growing concern that HIV/AIDS may be on the verge of a generalized epidemic given the rise in the prevalence of infection. Over 40 percent of the population is malnourished. Attempts at food security are hampered by the massive population movements due to fighting, as well as by looting by security forces, armed militia and bandits.

The Economist Intelligence Unit, in its 2003 Annual World Survey predicts that Liberia will be "the worlds worse place to live in 2003". This is based upon the impact of the war and the isolation of the Taylor regime by the international community.

B. THE USAID PROGRAM: Given the uncertain political and security environment in Liberia, USAID is working under a transition strategy that covers the years 2001 through 2003. The strategy assists in building the capacity of civil society to organize itself, to acquire skills and experience in democratic governance at the local level, and to increase its voice in a broader range of civic action. The sectoral elements of the strategy are the delivery of social services (primary health care and agriculture) and efforts to inculcate and stimulate civic action and the practice of democratic governance. International NGOs are the primary facilitators in developing this capacity.

The Program Goal is: Civil Society Plays a Greater Role in the Transition toward Improved Social, Economic and Political conditions in Liberia.

Special Objectives (SpOs) are as follows:

SpO3: Increased Use of Essential Primary Health Care Services through Civil Society.

SpO4: Increased Food Security in Targeted Areas.

SpO5: Increased Role of Civil Society in Democratic Governance.

U.S. assistance has been critical in providing social and economic support, such as primary health, basic education and agricultural inputs to communities trying to overcome the impact of the war. As a direct result of USAID intervention, there has been increased coverage of critical health interventions with subsequent decreases in maternal, infant and under-five mortality rates among the 161,000 children under five years of age and the 190,000 women of reproductive age, in target communities. USAID agriculture support has benefited some 12,000 families, with assistance in food crop production, rural infrastructure micro enterprise and marketing. Farmers receiving USAID assistance have shown significant increases in the productivity of rice and cassava, the two principal food crops. Over 14,000 children are attending USAID funded primary schools. Through civic education and public information programs, USAID is supporting community groups and NGOs in keeping an increasingly fragile civil society alive and functioning. U.S. humanitarian assistance has saved lives and lessened the misery of countless Liberians. Last year over 25,000 children received a daily lunch through Title II emergency funds. USAID is also one of the significant donors to the World Food Program in Liberia, which provides monthly rations for over 180,000 displaced Liberians.

Due to hostilities, USAID funded health programs in Bomi; Grand Cape Mount and Gbarpolu counties were terminated. Programs in Bong County were seriously disrupted for a period of time, but have resumed in many locations. Because of the massive flows of IDPs to various camps, USAID partner organizations used their resources to assist with the primary health needs of IDPs. Hostilities also forced the termination of agricultural activities in Bomi and Bong counties. Implementing partners began to assist approximately 1,800 IDP families, who had settled in Montserrado county and providing inputs to IDPs in camps in Bong and Montserrado counties. Many USAID implementing partners, displaying tremendous flexibility and caring, did a tremendous job in relocating activities, resulting in lives saved and human misery diminished. Currently, USAID's implementing partners are able to work, albeit in a reduced geographic area. Despite the hostile environment, our health program is highly successful. We have had success with our agriculture activities as well.

Gender is important to the program. Our primary health program focuses on maternal and child health and reproductive health. There is significant participation by women in our agriculture programs. Under our democracy initiatives, implementing partners have tried to increase participation of women in village decision making.

Environmental Compliance: USAID plans four new initial environmental examinations (IEE) in FY2003. These will be for the Community Peace Building and Development program; the Improved Community Health program; The Liberia Integrated Civil Society Development Initiative with IFESH; and the proposed and CRS' Title II Program, if their Emergency Proposal for food commodity support is approved by BHR/FFP. USAID/MONROVIA will request support and guidance from the West African Regional Program (WARP) and Washington as we proceed with these IEEs.

During the reporting period, USAID amended the IEE for the Lutheran World Federation, Rehabilitation of Liberia's Food Production Capacity Project (IEE31 Liberia1_LWF_DWS.doc, 4/23/01). The amendment was necessary in order to re-examine the entire program of activities because of significant changes in the program. It was also intended to review potential impacts on the environment by the activities proposed in the project and make the appropriate threshold recommendations.

Country Closeout & Graduation:

D. Results Framework

669-001 Successful Democratic Transition, Including Free and Fair Elections

Discussion:

669-002 Successful Transition From Relief to Recovery through a Community Reintegration Program

Discussion:

669-003 Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society, 669-003

SO Level Indicator: CYP

SO Level Indicator: DPT 3 Coverage

SO Level Indicator: TT 2 Coverage for Pregnant Women

IR3.1 Increased Access to Essential Primary Health Care Services

IR3.2 Increased Demand for Essential Primary Health Care Service

IR3.3 Improved Quality of Essential Primary Health Care Services

Discussion: The indicators for the PMP of the Mission Primary Health Program was streamlined in June 2002 with assistance from the Price Water House Coopers Consultant Firm. During this exercise, emphasis was placed on the selection of indicators to monitor the progress of activities that are directly influenced by the Mission. Indicators tracking the progress of centrally funded activities are now used primarily for the purpose of annual reporting. Currently, there are three SpO indicators and one indicator each for the three IRs.

IR3.1 Increased Access to Essential Primary Health Care Services

Indicator: DPT 1 Coverage

IR3.2 Increased Demand for Essential Primary Health Care Services

Indicator: Under Five Consultation (Proportion of the under-five population that sought consultation)

IR3.3 Improved Quality of Essential Primary Health Care Services

Indicator: Measles Coverage

669-004 Increased Food Security In Targeted Areas, 669-004

SO Level Indicator: Increase in total volume of food crops produced by targeted farmers (MT)

IR4.1 Increased production of diverse food crops

IR4.2 Increased cash crop incomes for smallholders

Discussion: The Results Framework for the Agriculture Program prepared in December 2001, was re-written by Pricewaterhouse Coopers Consulting (PwC) in May 2002, with participation of implementing partners. Indicators for the revised PMP are those agreed to by the Mission and implementing partners. For example:

Old SPO indicator: increased quantity and availability of food with high nutritional value in the targeted areas.

New SPO indicator: increased in total volume of food crops produced by targeted farmers.

Old IR 4.1: Increased production of diversified food crops.

Old indicators - 4.1.1: increased productivity of improved staple crops in the target areas

- 4.1.2: improved production capacity of producers in the targeted areas.

New IR 4.1: Increase production of diverse food crops

New indicators -4.1.1: average productivity of targeted crops
-4.1.2: percentage of farmers continuing application of improved production technologies on their fields one year or more after introduction to technologies.

Old IR 4.2: Increased cash crop incomes for smallholders

Old indicators: - 4.2.1: percentage increase in the value of cash crop production marketed.
- 4.2.2: number of households' plantation rehabilitated.

New IR 4.2: Increased cash crop incomes for smallholders.

New indicators: - 4.2.1: average percentage change in the value of cash crops marketed per farmer/household.
- 4.2.2: access to markets for agricultural inputs and crops.

669-005 Increased Role of Civil Society in Democratic Governance, 669-005

SO Level Indicator: Assessment of Freedom House Annual Report for Liberia

IR 3.1: Community Organizations Strengthened

IR 3.2: Civil Action Increased

S-IR 3.1.1 Community Infrastructure Rehabilitated

S-IR 3.2.1 Information on Key Issues Available

Discussion:

Selected Performance Measures - Liberia

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Indicator (all data should pertain to FY or CY 02)	OU Response	Significant Result: Description of the significant result for a strategic objective	Data Quality Factors: Information relevant to the collection of this indicator data, e.g. "this data was not collected last year because it is only collected every five years."
Pillar I: Global Development Alliance			
Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?			
669-003 Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society			
a. How many alliances did you implement in 2002? (list partners)			
b. How many alliances do you plan to implement in FY 2003?			
What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?			
Pillar II: Economic Growth, Agriculture and Trade			
USAID Objective 1: Critical, private markets expanded and strengthened			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			

669-004 Increased Food Security In Targeted Areas	Yes			<p>On an average, this SPO was successful this year in terms of operating in Tappita District, Nimba County and Montserrado County. Five significant results were achieved, which will contribute to increased food security in targeted areas:(i) Increase in total volume of food crops produced. In 2002, the CBOs produced a total of 820.2 mt of assorted food crops (from a base of 109.2 mt in 1999), against a target of 555.3 mt;(ii) Increased diversification of food crops. Rice and cassava are the staple food crops in the target areas. As a result of USAID activities, other food crops such as plantain, yams and peanut are now being cultivated for domestic consumption as well as for local markets. For the reporting period, a total of 455mt of plantain, yams and peanut was produced (plantain-94.9%; yam- 3.1% and peanut-2.0%); (iii) Increased access to agricultural markets. In 2002, 18 micro-projects were completed against a target of 11. In 2001, 13 were completed against a target of 12; (iv) Managerial capacity of CBOs strengthened. A total of 468 training workshops w</p> <p>Data on Increased cash crop incomes for smallholder - level indicator: "average percentage change in the value of cash crops marketed per farmer/household", was reported for the last two years (2001 and 2002).</p>
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USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

a. Number of children enrolled in primary schools affected by USAID basic education programs (2002 actual)	Male	Female	Total	
b. Number of children enrolled in primary schools affected by USAID basic education programs (2003 target)	Male	Female	Total	

USAID Objective 5: World's environment protected by emphasizing policies and practices ensuring environmentally sound and efficient energy use, sustainable urbanization,

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

a. Hectares under Approved Management Plans (2002 actual)				
b. Hectares under Approved Management Plans (2003 target)				
Pillar III: Global Health				
USAID Objective 1: Reducing the number of unintended pregnancies				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
669-003 Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society	Yes			<p>The SpO exceeded expectation. There was increased access and utilization of modern contraceptive methods of family planning with a significant increase in the CYP above the planned target. The planned CYP was 4,279 as opposed to the actual of 13,748. The increased access of modern contraceptive methods of family planning coupled with training of service providers to improve the quality of service delivery, counseling, informed consent and behavior change communication to increase service utilization has provided an opportunity for women who desire to postpone child birth in preference to professional growth to do so without being subjected to criminal abortion and its consequences.</p> <p>Trained personnel in health facilities fill in standard forms that record the names of clients and modern contraceptive methods provided. As part of the regular reporting requirements, health facilities provide information on the total number of clients and the modern contraceptive methods provided. This information is used to compute the CYP.</p>
Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	%			<p>The data was not collected last year because no survey was conducted in the project areas to get this information. However, anecdotal information revealed that most women are now beginning to take control of their fertility and are taking advantage of the modern contraceptive methods of family planning that are within their reach as a result of the behavior change communication.</p>
USAID Objective 2: Reducing infant and child mortality				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
669-003 Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society	Yes			<p>This SpO exceeded expectations. The coverage rates for routine immunization exceeded planned targets and led to a significant reduction in the incidence rates of vaccine preventable diseases in the project areas.</p> <p>Trained personnel in health facilities fill in standard forms that record the number of children under one and the type of immunization administered. As part of their regular reporting requirements, health facilities provide information on the total number of children under one that received immunization and the type of immunization administered. This information is used with the estimated number of children under one in the project areas to compute the coverage rate for the various antigens. Periodic surveys would be conducted as a means of verifying immunization data generated at the health facility level.</p>

Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	Male	Female	Total		73% of the estimated 28,500 children less than 12 months of age in the project areas received their third dose of DPT. This information was obtained from immunization records generated at the health facility level in the project areas and was not disaggregated into males and females.
Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	Male	Female	Total		This data was not collected last year as survey of the total project areas was not conducted. However, Diarrhea was the second most common reason for the under five consultation last year.
Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	Male	Female	Total		This information was not collected as no survey was conducted in the project areas last year to collect it.
Were there any confirmed cases of wild-strain polio transmission in your country?	No				Since the last confirmed cases of polio were reported 1999, there has not been any other confirmed case reported. There is an active AFP surveillance with the non-polio AFP rate of 1.3 while adequate stool collection is 90%.

USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

669-003 Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society	Yes			<p>The SpO has met expectation in this area although no numerical target was set. Traditional Birth Attendants/Traditional Midwives attend more than 75% of deliveries in the rural areas. In an attempt to reduce the high maternal mortality rate (780/100,000 for Liberia), the project has target the training of Traditional Birth Attendants/Traditional Midwives to improve the quality of service delivery. They have been taught how to conduct clean and safe delivery and to recognize the danger signs of complications for prompt referral to the clinic for appropriate management. Certified Midwives at the clinics now conduct periodic supervisory visits to the home of the Traditional Birth Attendants/Traditional Midwives and conduct on the spot training and invite them to participate in antenatal assessment at the clinic in an effort to up-grade their knowledge. This collaboration has led to early and prompt referral of complicated deliveries to the clinics for appropriate management with subsequent reduction in maternal mortality.</p>	Trained personnel at the health facility record the number of complicated labor and delivery referred by Traditional Birth Attendants/Traditional Midwives for appropriate management.
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Percentage of births attended by medically-trained personnel (DHS/RHS)	21%			Traditional Birth Attendants/ Traditional Midwives report all births attended to the nearest health facility for registration and to commence the administration of routine immunization. The health facilities do a monthly reporting of all births in their catchment communities including those attended by the Traditional Birth Attendants/ Traditional Midwives. This information is disaggregated into the number of births attended by the Traditional Birth Attendants/ Traditional Midwives and the number of births attended by medically trained personnel.
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USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

669-003 Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society				
a. Total condom sales (2002 actual)				
b. Total condom sales (2003 target)				
National HIV Seroprevalence Rates reported annually (Source: National Sentinel Surveillance System)	%			
Number of sex partners in past year (Source: national survey/conducted every 3-5 years)per DHS or other survey)				
Median age at first sex among young men and women (age of sexual debut) ages 15-24 (Source: national survey/conducted every 3-5 years) per DHS or other survey)	Male	Female	Total	
Condom use with last non-regular partner (Source: national survey/conducted every 3-5 years)per DHS or other survey)	%			
Number of Clients provided services at STI clinics				
Number of STI clinics with USAID assistance				
Number of orphans and other vulnerable children receiving care/support				
Number of Orphans and Vulnerable Children programs with USAID assistance				
Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children				

Number of USAID-supported health facilities offering PMTCT services				
Number of women who attended PMTCT sites for a new pregnancy in the past 12 months				
Number of women with known HIV infection among those seen at PMTCT sites within the past year.				
Number of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4)				
Number of individuals reached by community and home-based care programs in the past 12 months				
Number of USAID-assisted community and home-based care programs				
Number of clients seen at Voluntary Counseling and Testing (VCT) centers				
Number of VCT centers with USAID assistance				
Number of HIV-infected persons receiving Anti-Retroviral (ARV) treatment				
Number of USAID-assisted ARV treatment program				
a. Number of individuals treated in STI programs (2002 actual)	Male	Female	Total	
b. Number of individuals treated in STI programs (2003 target)	Male	Female	Total	
a. Is your operating unit supporting an MTCT program?				
b. Will your operating unit start an MTCT program in 2003?				
a. Number of individuals reached by community and home based care programs (2002 actual)	Male	Female	Total	
b. Number of individuals reached by community and home based care programs (2003 target)	Male	Female	Total	
a. Number of orphans and vulnerable children reached (2002 actual)	Male	Female	Total	
b. Number of orphans and vulnerable children reached (2003 target)	Male	Female	Total	
a. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 actual)	Male	Female	Total	

b. Number of individuals reached by antiretroviral (ARV) treatment programs (2003 target)	Male	Female	Total	
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USAID Objective 5: Reducing the threat of infectious diseases of major public health importance

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

a. Number of insecticide impregnated bed-nets sold (Malaria) (2002 actual)				
b. Number of insecticide impregnated bed-nets sold (Malaria) (2003 target)				
a. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 actual)	%			
b. Proportion of districts implementing the DOTS Tuberculosis strategy (2003 target)	%			

Pillar III: Democracy, Conflict and Humanitarian Assistance

USAID Objective 1: Strengthen the rule of law and respect for human rights

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 2: Encourage credible and competitive political processes

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 3: Promote the development of politically active civil society

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

669-004 Increased Food Security In Targeted Areas			
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USAID Objective 4: Encourage more transparent and accountable government institutions

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 5: Mitigate conflict

Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total	
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USAID Objective 6: Provide humanitarian relief

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

Number of beneficiaries				
Crude mortality rates	%			
Child malnutrition rates	%			
Did you provide support to torture survivors this year, even as part of a larger effort?				
Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
Number of beneficiaries (children under age 15)	Male	Female	Total	